



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, on the front if space permits.

05-01-3485 (HHA)  
KRA

DANIEL M. SUSMAN  
KANE KESSLER, P.C.  
433 HACKENSACK AVENUE  
HACKENSACK, NJ 07601

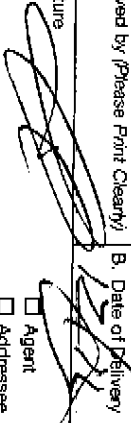
2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102895-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

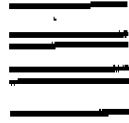
- A. Received by (Please Print Clearly) B. Date of Delivery
- C. Signature 
- D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below: ☐ Agent ☐ Addressee

3. Service Type

- ☐ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

2005 DEC 21 A 59  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
RECEIVED  
2005 DEC 21 A 59  
Sender: Please

• **Sender:** Please print your name, address, and ZIP+4 in this box •

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